U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

For Office TUSE Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E	
1. File Number U - 8700	2. Fiscal Year Covered From:
	1/1/2005 Through: $12/31/2005$
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Dennis C Duffey	Name International Brotherhood of Electrical Workers_Local 8 Labor Organization File Number 013_073
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 13605 Neowash	Street 807 Lime City Road
City Grand Rapids	City Possford
State Ohio ZIP Code + 4 43522 - 965	5 State Ohio ZIP Code + 4 43460 - 1613
5. Position in labor organization. Business Manager	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
	culture of periodices in the mode denotes.

File Number U-
ue from a business (1) a wise dealing with the business rely seeking to represent, or irectly to, or otherwise tion is interested.
9. Business deals with:  Inc X a. Labor Organization b. Trust C. Employer
11.a. Nature of such dealing.  Expenses incurred as Trustee of the Benefit Plans,  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Advance for annual investment review meeting. Expense report/recieipts on file at N.W.O, Electric Administrator/s office.
12.b. Amount.
or other thing of value.
14.a. Nature of payment.